

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/59/852*

FILING DATE

**08 JUL 2008**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	0				
7	/	0				
8	/	0				
9	/	0				
10	/	0				
11	/	2				
12	/	2				
13	/	0				
14	/	0				
15	/	0				
16	/	0				
17	/	0				
18	/	0				
19	/	/				
20	/	1				
21	/	2				
22	/	2				
23	/	1				
24	/	2				
25	/	0				
26	/	0				
27	/	0				
28	/	1				
29			/			
30				/		
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45				/		
46				/		
47			/			
48				/		
49				/		
50				/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	32	←	26	←		←
TOTAL CLAIMS	34		28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						